



THE UNIVERSITY OF WINNIPEG  
**Collegiate**

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Winnipeg, MB, R3B 2E9

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**FOR OFFICE USE ONLY**

Date of Application \_\_\_\_\_

Student Number \_\_\_\_\_

New (N) or Returning (R) \_\_\_\_\_

**2021–22 ACADEMIC YEAR**

Application for Admission for: NEW Canadian Students (Grade 9–12)

**Please complete all sections of the application form including the signatures of both parents (if applicable).  
Submit completed application by email or in-person only.**

Note: Applicants for Concurrent Status should apply directly to The University of Winnipeg.

**New Applicant Checklist:**

- Official transcript of all high school credits completed, and an interim report card if you are currently in school
- Letter of reference from a teacher or administrator from your current school, **on school letterhead**
- \$150 non-refundable application fee
- Copy of birth certificate, passport, or permanent resident card
- Custodianship or legal orders (if applicable)
- Visiting students currently enrolled at another high school must ensure application is authorized by current school

**1.0 STUDENT INFORMATION**

**Date of Birth** \_\_\_\_\_ **Gender** \_\_\_\_\_  
Month Day Year

**Student's Full Legal Name** \_\_\_\_\_  
Last Name First Name Middle Name(s)

**Permanent Home Address** \_\_\_\_\_  
Postal Code

**Sessional Winnipeg Address (if different)** \_\_\_\_\_  
Postal Code

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Student's Personal Email\*** \_\_\_\_\_

**Entering Grade** (Circle One)    9    10    11    12

**Citizenship and Immigration Status**

Canadian Citizen     Permanent Resident

(Permanent residents must include a copy of permanent resident card/landed immigrant papers with application.)

**If you would like to declare Indigenous ancestry, please specify and complete section 1.4**

First Nation    Métis    Inuit    Uncertain of ancestry

**MB Health#** \_\_\_\_\_  
(6 digit)

**MB Health PHIN#** \_\_\_\_\_  
(9 digit)

**Do you have a serious medical condition?**    Yes    No   (if yes, please specify)

Life-threatening allergy (requiring an EpiPen)

Seizure disorder

Diabetes

Asthma (requiring a puffer)

Other (please describe)

The Collegiate may contact you to assess whether or not URIS forms must be completed.

**Have you had or do you currently require extra supports or accommodations in a school setting?**    Yes    No

If yes, please explain \_\_\_\_\_

Medical information is collected so that appropriate health care plans may be developed. This information will be shared only with the appropriate individuals. This information is protected by The Personal Health Information Act. Questions should be directed to the Collegiate Dean.

**1.1 ACADEMIC INFORMATION**

**Current School/Last School Attended** \_\_\_\_\_

**School Division in which you reside** \_\_\_\_\_

**Are you a high school graduate?**    Yes    No

**Year Graduated** \_\_\_\_\_

**Have you been suspended or expelled from another school during the previous 24 months?**    Yes    No

If yes, please explain \_\_\_\_\_

**1.2 FAMILY INFORMATION**

Parent    Guardian   **Relationship to Student** \_\_\_\_\_

**Name** \_\_\_\_\_  
Last Name   First Name   Middle Name(s)

**Home Address** \_\_\_\_\_  
Postal Code

**Home Phone** \_\_\_\_\_   **Alternate Phone** \_\_\_\_\_

**Email\*** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_   **Work Phone** \_\_\_\_\_

Parent  Guardian **Relationship to Student** \_\_\_\_\_

**Name** \_\_\_\_\_  
Last Name First Name Middle Name(s)

**Home Address** \_\_\_\_\_  
Postal Code

**Home Phone** \_\_\_\_\_ **Alternate Phone** \_\_\_\_\_

**Email\*** \_\_\_\_\_

**Place of Employment** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Student Lives with**  Parent(s)/Guardian(s), Same Household  Parents, Joint Custody  One Parent/Guardian Only  
(Please attach any legal orders or custodianship documents.)

**Emergency Contacts (in addition to parents/guardians)**

| Full Name | Phone Number | Relationship to Student |
|-----------|--------------|-------------------------|
| _____     | _____        | _____                   |
| _____     | _____        | _____                   |

**1.3 SIBLING INFORMATION (ATTENDING A K-12 SCHOOL)**

First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_  
Month Day Year

First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_  
Month Day Year

First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_  
Month Day Year

**1.4 INDIGENOUS IDENTITY DECLARATION**

**Indigenous Identity Declaration helps to support the efforts of Manitoba Education and Advanced Learning and school divisions to plan and improve programs in a way that is responsive to Indigenous learners.**

Providing this personal information is voluntary and optional. It is being collected in compliance with section 36(1)(b) of the Freedom of Information and Protection of Privacy Act as it is necessary for and relates directly to the activity of Manitoba and school divisions to plan, deliver, and improve programs.

1. I, \_\_\_\_\_  
Name of Parent/Guardian (please print clearly)

- am submitting my child's Indigenous Identity Declaration for the first time.
- am making changes to my child's Indigenous Identity Declaration.
- already submitted my child's Indigenous Identity Declaration and have no further changes to make at this time.

2. **If your child is an Indigenous person, select the option(s) that best describe your child now.**

Note: First Nation (North American Indian) includes Status and Non-Status Indians.

- First Nation (North American Indian)
- Métis
- Inuk (Inuit)

**3. Which best describes your child's Indigenous cultural-linguistic identity? Please select up to two choices.**

- Anishinaabe (Ojibway/Saulteaux)
- Dene (Sayisi)
- Oji-Cree
- Inuktitut
- Ininiw
- Dakota
- Michif
- Other (please specify) \_\_\_\_\_

**For more information about Indigenous Identity Declaration, please contact Indigenous Inclusion Directorate**

Murdo Scribe Centre, 510 Selkirk Avenue, Winnipeg, MB  
Phone: 204.945.7886 Fax: 204.948.2010 Toll-Free (in Manitoba): 1.800.282.8069 ext.7886  
Email: aedinfo@gov.mb.ca Online: edu.gov.mb.ca/aed/abidentity.html

**2.0 VISITING STUDENT AUTHORIZATION (IF APPLICABLE)**

**The applicant has permission to take for credit the course(s) indicated below at The University of Winnipeg Collegiate. The student has discussed his/her course selection with me and I have deemed the course(s) to be appropriate to the student's high school program. I understand that the Collegiate reserves the right to require verification that course prerequisites have been met.**

|                                                                              |                                                             |      |
|------------------------------------------------------------------------------|-------------------------------------------------------------|------|
| Name of Current School                                                       | Approved Collegiate course(s) as listed in this application |      |
| Name of courses to be taken at current school during 2021/2022 academic year |                                                             |      |
| Principal's Name (Please Print)                                              | Principal's Signature                                       | Date |

**3.0 TUITION FEES (this section must be completed in full)**

My fees will be paid by myself, parent/guardian, or sponsoring agency listed below. Fees are assessed at \$8500 for the academic year. I agree to honour all financial obligations for this account in accordance with the Collegiate policies, available on the Collegiate website.

**Payee Name** \_\_\_\_\_  
Last Name First Name Middle Name(s)

**Relationship to student** \_\_\_\_\_

**Address** \_\_\_\_\_  
Postal Code

**Phone** \_\_\_\_\_ **Alternate Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**(Sponsored Students must include Sponsor's letter with application.)**

**Name of Sponsor** \_\_\_\_\_  
Last Name First Name Middle Name(s)

**Phone** \_\_\_\_\_

**Sponsoring Agency Email Address** \_\_\_\_\_

Should a student withdraw from Collegiate course(s), any refund will be made payable to the person listed above. The Collegiate Refund Schedule is available online at collegiate.uwinnipeg.ca

#### 4.0 COLLEGIATE POLICIES: WAIVERS AND CONSENTS

Please complete each section by having both parents/guardians indicate with a check mark in the appropriate box.

| We/I hereby give consent/permission for:                                                                                                                                                                                    | YES | NO |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Our/my child to participate in school trips or programs held off campus and to be transported by bus.                                                                                                                       |     |    |
| The University of Winnipeg Collegiate to photograph and publish and/or use our/my child's likeness in any communications promoting the school, which may include advertising, social media, website, and printed materials. |     |    |
| The University of Winnipeg Collegiate to send us/me information by email and otherwise, in the form of newsletters, updates, and announcements. This consent is for the purpose of Canada Anti-Spam Legislation (CASL).     |     |    |
| We/I have read and agree to abide by the Collegiate's Textbook Policy and The University of Winnipeg's Library Fine Policy (available online at collegiate.uwinnipeg.ca).                                                   |     |    |
| We/I have read and agree to abide by the Collegiate Computer User Code of Ethics (available online at collegiate.uwinnipeg.ca).                                                                                             |     |    |

#### 4.1 COLLEGIATE POLICIES: EMERGENCY MEDICAL ASSISTANCE

We/I hereby authorize The University of Winnipeg Collegiate to give and/or obtain emergency medical assistance for our/my child in the event that we/I cannot be reached, including that our/my child may be given emergency treatment by a staff member at the Collegiate. The Collegiate will attempt to make contact with the persons listed as emergency contacts and will follow their wishes if the circumstances allow. We/I hereby release and agree to hold harmless all staff, officers, directors and trustees of the Collegiate of and in respect of any claims, suits and demands, which we/I and/or our/my child may have, and from any injury, damages or death our child may incur or sustain, in respect of any such treatment sought or administered in good faith. We/I also give permission for my child to be transported by car or ambulance to a hospital.

#### 4.2 COLLEGIATE POLICIES: CODE OF CONDUCT

We/I confirm that we have read the Collegiate's code of conduct found at [collegiate.uwinnipeg.ca](http://collegiate.uwinnipeg.ca) and agree to be bound by and abide by its terms. We/I acknowledge and agree that we/I are responsible along with our child for his/her compliance with said code of conduct including compliance with provisions against bullying and harassment. We/I acknowledge and agree that failure to abide by the code of conduct by either ourselves and/or our child may result in suspension and/or expulsion of our child from the Collegiate. We/I agree to indemnify and hold the Collegiate and its staff and faculty harmless from and against any liability, damage, loss, claim, suit, proceeding, cost or expense brought or made against them, or suffered or incurred by them, resulting from our and/or our child's noncompliance with the code of conduct.

### 4.3 COLLEGIATE POLICIES: DECLARATION

I declare that all statements made with respect to this application are true and complete, that all records are complete and unaltered, and that accepting this declaration permits The University of Winnipeg Collegiate to request, confirm, and/or share any necessary information with other educational institutions to support my application. If accepted to The University of Winnipeg Collegiate, I agree to follow Collegiate regulations and Collegiate policies (as stated in sections 4.0–4.2).

I accept this declaration

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Student (if over 18)** \_\_\_\_\_ **Date** \_\_\_\_\_

Personal information on this application is collected pursuant to 36(1) of The Freedom and Information and Protection of Privacy Act (FIPPA) and may be used and disclosed by The University of Winnipeg Collegiate for admission, registration, awards, student records, alumni services, housing, and other activities related to being a member of the Collegiate community. De-identified information may be used by the Collegiate for research/planning. Personal health information, if any, is collected pursuant to The Personal Health Information Act (PHIA) and will be used to develop appropriate student health-care plans. All personal and personal health information is protected under FIPPA and PHIA. If you have any questions about the collection and the use of this information, please contact: Dean of the Collegiate, The University of Winnipeg Collegiate, 515 Portage Avenue, Winnipeg, Manitoba, R3B 2E9, 204.786.9221, collegiate@uwinnipeg.ca.

\*Email addresses provided may be shared internally among Collegiate Faculty, student groups, and used for Collegiate communications.

### 5.0 INFORMATION RELEASE

If you are under 18 years of age, the Collegiate is obliged by law to provide academic and personal information to your parents/guardians. If you are over 18 years of age or will turn 18 during the school year, please indicate below your wishes with respect to the release of such information.

**The Collegiate may release information regarding my attendance and grades to my parents/guardians upon request.**

Yes  No **Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_